

SERVICE	LIMITATIONS
<u>Outpatient Hospital Services</u>	
2a.(1) <u>Clinics</u>	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable services:</p> <p>(1) 12 prenatal visits per pregnancy. Complications attributable to pregnancy are not counted as part of the 12 prenatal visits but are classified for invoicing purposes as acute illness.</p> <p>(2) The physicians' component for an emergency room visit may be either an emergency room physicians service fee - emergency or non-emergency - or the fee for a specific compensable procedure. No payment will be made for the emergency room physicians' service fee if a specific compensable procedure is billed for the same emergency room visit.</p> <p>(3) When two or more surgical operations are performed at the same time, or during the same visit, the procedure carrying the highest fee will be paid in full, plus 25% of the fee for the next highest procedure, with no allowance for additional procedures. The total fee allowance will not exceed \$500.</p> <p>(4) A maximum of one visit per patient per day for the same condition.</p> <p><u>Non-compensable services and items</u> - No payment will be made to clinics or emergency rooms for the following services or items:</p> <p>(1) Services not listed in the Medical Assistance Program Fee Schedule.</p> <p>(2) Methadone maintenance.</p> <p>(3) Prescribed medications and medical supplies. Payment for these services is made only to participating pharmacies and medical suppliers. Vaccines, as determined by the Department, are excluded from the established clinic fee and can be billed separately by clinics approved by the Department.</p> <p>(4) Laboratory services. Payment for these services is made only to participating laboratories.</p>

SERVICE	LIMITATIONS
2. <u>Outpatient Hospital Services</u>	
2.a.(1) <u>Clinics</u> (Continued)	<p>(5) Surgical procedures and medical care provided in connection with sex reassignment. This includes but is not limited to, hormone therapy and release of vaginal adhesions.</p> <p>(6) More than one flat visit fee or fee for a specific compensable service provided by an independent medical clinic, hospital outpatient department, medical school outpatient department or hospital emergency room on the same day, regardless of specialty, except for diagnostic medical or surgical or therapeutic radiology services provided during routine examination and treatment.</p> <p>(7) Any medical services, procedures, or pharmaceuticals related to treating infertility.</p> <p>(8) More than one flat visit fee or fee for a specific compensable service provided by an independent medical clinic, hospital outpatient department, medical school outpatient department or hospital emergency room on the same day, regardless of specialty, except as noted in § 1221.51(6) and (7) (relating to general payment policy).</p> <p>(9) Non-emergency use of the emergency room. Services to patients are not reimbursable unless the recipient declares that he/she does not have access to a primary care physician or an outpatient clinic to treat non-emergency situations. The hospital emergency room staff and the emergency room physician must document in the patient's medical record the declaration of no access to primary care.</p>
2.a.(2) <u>Hospital Emergency</u>	<u>Same as 2.2.(1).</u>
2.a.(3) <u>Psychiatric Partial Hospitalization</u>	<u>Limitations on payment</u> - Limited to approved facilities. Treatment sessions may not be less than three (3) hours and no more than six (6) hours per twenty-four (24) hour period. Payment is limited to two hundred forty (240) three (3) hour sessions (720 total hours) in a consecutive three hundred sixty-five (365) day period per patient. Children under 21 years of age may receive additional services beyond the 720 hour limit but the additional services require prior authorization.

SERVICE	LIMITATIONS
2. <u>Outpatient Hospital Services</u>	
2.a.(3) <u>Psychiatric Partial Hospitalization</u>	<p data-bbox="822 517 1458 640">Payment for medically necessary clozapine support services is limited to one per week, regardless of the frequency or intensity of monitoring activities provided during each calendar week.</p> <p data-bbox="816 676 1466 1093">Clozapine Support Services are services ordered and directed by a psychiatrist who determines they are medically necessary services for a person with a diagnosis of Schizophrenia to receive Clozapine on an outpatient basis. These services are a group of discrete patient medical care functions performed by a psychiatrist or under the direction and supervision of a psychiatrist by a pharmacist, registered nurse, or physician assistant. The services provided for at least one face-to-face encounter with the patient each week. The support services are intended to assure collaborative, uninterrupted, and safe patient medical management.</p>

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2.a(3) Psychiatric Partial Hospitalization
(Continued) If a patient is discontinued from clozapine therapy, the patient remains eligible for clozapine support services on an outpatient basis for not less than four weeks or more than eight weeks after the drug therapy is stopped.

2.a(4) Laboratory and X-ray Services Limitations on payment - Specific limits are set forth in the Medical Assistance Fee Schedule.

The Department will limit payment to only those laboratory testing sites that have a Clinical Laboratory Improvement Amendments (CLIA) certificate and identification number. Those laboratories with certificates of waiver will provide only the tests permitted under the terms of their waiver.

2.a(5) Renal dialysis services Limitation on payment:

1. Initial training for home dialysis is limited to twenty-four (24) sessions per patient or partner.

2. Dialysis procedures provided as back-up to home dialysis are limited to fifteen (15) per year.

3. Installation of non-expendable home equipment is limited to a one (1) time charge.

2.a.(6) Short Procedure Unit (SPU) Services Limitations on payment:

(a) Payment is limited to:

(1) The lower of the facility's charge or the rate determined by the Department that the facility is eligible to bill.

(2) When two or more procedures are performed during a same day stay, payment will be made only for the procedure carrying the highest rate of payment. No allowance is made for additional procedures.

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2.a.(6) Short Procedure Unit (b) Payment is not made for:

(SPU) Services

(Continued)

(1) Services that do not conform to the requirements specified under the Department's regulations relating to SPU's.

(2) Sterilizations performed on individuals under 21 years of age.

(3) Sterilizations performed on individuals 21 years of age or older who have not signed the Consent Form for Sterilization at least 30 days but not more than 180 days prior to the sterilization.

(4) Abortion procedures performed on individuals if a Physician Certification for an Abortion form has not been completed.

(5) Procedures and medical care performed in connection with sex reassignment.

(6) Medical, dental or surgical procedures which may be provided in a clinic or practitioner's office without undue risk to the patient.

(7) Plastic or cosmetic surgery for beautification purposes - for example, otoplasty for protruding ears or lop ears, rhinoplasty - except for internal nasal deformity - nasal reconstruction, excision of keloids, mammoplasty, silicone or silastic implants, dermabrasion, skin grafts and lipectomy. Plastic surgery is compensable if performed for the purpose of improving the functioning of a deformed body member.

(8) Dental cases involving oral rehabilitation or restorative services, except for procedures performed for treatment of a secondary diagnosis, unless:

(i) The nature of the surgery or the condition of the patient precludes the procedure in the dentist's office.

(ii) A physician or dentist has documented in the patient's medical record the medical justification for performing the procedure in a same day surgery setting.

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SERVICE	LIMITATIONS
A. (6) <u>Short Procedure Unit</u> <u>(SPU) Services</u> (Continued)	<p>(9) Diagnostic tests and procedures performed in a clinic or practitioner's office and diagnostic tests and procedures not related to the diagnosis.</p> <p>(10) Services and items for which full payment is available through Medicare, other financial resources or other health insurance programs.</p> <p>(11) Services and items not ordinarily provided to the general public.</p> <p>(12) Diagnostic or therapeutic procedure solely for experimental, research or educational purposes.</p> <p>(13) Procedures that are not listed under the Medical Assistance Fee Schedule.</p> <p>(14) Services that are not medically necessary.</p> <p>(15) Services provided in conjunction with an admission that is not certified under the Department's utilization review process for same day surgical services.</p> <p>(16) Any medical services, procedures, or pharmaceuticals related to treating infertility.</p>
B. <u>Other Laboratory and</u> <u>X-ray services</u>	<p><u>Limitations on payment</u> - Specific limits are set forth in the Medical Assistance Program Fee Schedule.</p>
C.a. <u>Hospital-Based Skilled</u> <u>Nursing Care</u>	<p>(1) Payment will not be made for procedures related to treating infertility.</p> <p><u>Limitations on payment</u> - All hospital-based nursing units must meet requirements as follows:</p> <p>(1) The nursing unit must be composed of former acute care hospital beds that have been converted to and certified for skilled nursing or intermediate care.</p> <p>(2) The need for the beds must have been approved by the local health planning agency.</p>

Please refer to
Attachment 4.19D
for Reimbursement

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE COMMONWEALTH OF PENNSYLVANIA
DESCRIPTIONS OF LIMITATIONS

ATTACHMENT 3.1A
Page 15

SERVICE	LIMITATIONS
4.a. <u>Hospital Based Skilled Nursing Care</u> (Continued)	<p>(3) The distinct part unit may not exceed 50% of the facility's total licensed or approved bed complement for acute hospital care. A facility will, however, be granted an exception to the 50% bed limit if it submits written documentation to the Office of Medical Assistance Bureau of Reimbursement Methods substantiating that all the following criteria have been met.</p> <p>(i) Beds operated in excess of the 50% limit have been approved by the Department of Health, Division of Need Review;</p> <p>(ii) The unit is located in an area underserved or lacking long term care beds under an approved local health plan;</p> <p>(iii) More than 50% of the unit's licensed long term care beds are occupied by Medical Assistance patients.</p> <p>(4) A skilled nursing facility payment is made only for those beds which have been certified for skilled nursing care.</p>
4.b. <u>Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found</u>	Payment is limited to medically necessary services for the treatment of physical or mental problems. For non-state plan services, refer to Attachment 4.19B, Page 2b, item 9

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations X With limitations*

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations X With limitations*

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.

Provided: X With limitations*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations X With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided: No limitations X With limitations*

 Not provided.

* Description provided on attachment.

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c. Family Planning Services and Supplies

Limitations on payment - Services must be under the supervision of a physician.

(1) Payment will not be made for any medical services, procedures, or pharmaceuticals related to treating infertility.

a. Physician's Services
furnished in office, patient's home, hospital, skilled nursing intermediate care facility, hospital emergency room, birth center, renal dialysis facility (M.D. & D.O.)

Limitations on payment - The following limits apply to payment for compensable services:

1. Two (2) inpatient consultations per hospitalization.

2. Eyeglasses - one (1) full pair or two (2) lenses per 12 month period for persons referred by the County Assistance Office or receiving eyeglasses under the EPSDT Program.

3. The maximum allowable payment to a physician per hospitalization per recipient is \$1000.

4. The maximum allowable payment for outpatient services to a physician per recipient per day is \$500.

5. Payment will not be made for services provided to more than two (2) persons during a visit to a recipient's home no matter how many others are seen.

6. Vision examinations are limited to two per year.

7. Payment for two or more surgical, obstetrical or anesthesia services performed by the same physician is limited to 100% of the allowable fee for the highest paying procedure and 25% of the second highest paying procedure. No payment is made for any additional procedures.

8. Payment for surgical, obstetrical and anesthesia services includes the inpatient preoperative and antepartum care as well as all postoperative and postpartum care in the hospital and outpatient visits during the number of postoperative or postpartum days specified for each procedure in the Medical Assistance Program Fee Schedule. Additional payment will be made for visits for treatment of a medical or surgical condition if the diagnosis is different and unrelated to the surgery.

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ersedes

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List of services not currently covered by the State Plan

- 8 - Private duty nursing services
- 22 - Respiratory care services
- 24 - b. Services of Christian Science nurses
 - c. care and services provided in Christian Science Sanitoria
 - f. personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

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